

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)</b>						SERIAL NO. <div style="border: 1px solid black; padding: 2px; display: inline-block;">08/716/69</div>	FILING DATE							
						APPLICANT(S)								
<b>CLAIMS</b>														
#	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.		DEP.		IND.		DEP.	
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